

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO. 09/220986  
FILING DATE

APPLICANT(S)

8-23-04

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DER.	IND.	DER.	IND.	DER.
	IND.	DER.	IND.	DER.	IND.	DER.						
1							51	1				
2							52	1				
3							53	1				
4							54	1				
5							55	1				
6							56	1				
7							57	1				
8							58	1				
9							59	1				
10							60	1				
11							61	1				
12							62	1				
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34	1						84					
35	1						85					
36	1						86					
37	1						87					
38	1						88					
39	1						89					
40	1						90					
41	1						91					
42	1						92					
43	1						93					
44	1						94					
45	1						95					
46	1						96					
47	1						97					
48	1						98					
49	1						99					
50	1						100					
TOTAL IND.		0		0		0	TOTAL IND.	8	0	0	0	0
TOTAL DER.		0		0		0	TOTAL DER.	21	0	0	0	0
TOTAL CLAIMS							TOTAL CLAIMS	29				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS